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ABSTRACT

This document reports on the quantitative and qualitative evaluation of "A Preventive Curriculum for Anorexia Nervosa and Bulimia" (Carney and Veilleux, 1986) which was published by the Bulimia Anorexia Nervosa Association-Canadian/American (BANA-Can/Am), an organization which was formed in 1983 by parents, professionals, and patients in southwestern Ontario who were concerned about the epidemic spread of eating disorders. Three phases in the development of the curriculum are described: (1) identification and delineation of an outline for the curriculum, and a model and method for evaluation of the curriculum; (2) the review of the first draft by selected target groups such as the funding agency, health professionals, teachers, and consultants; followed by a second draft to be used in the formal evaluation; and (3) actual pilot testing of the curriculum along with qualitative and quantitative evaluations. The quantitative evaluation is described and results from pretests (N=315) and posttests (N=362) of the Eating Disorders Inventories and measures assessing knowledge and attitudes are presented. Changes in the curriculum suggested by verbal and written comments from students and teachers in the qualitative evaluation are listed. Plans for future evaluations of the curriculum in various settings are discussed. (NB)

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EVALUATION OF AN EATING DISORDER LESSON PLAN

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Paper presented at the Annual Meeting of the National Conference on Eating Disorders, 7th, Columbus, OH, October 5-7, 1988.

ABSTRACT

EVALUATION OF AN EATING DISORDER LESSON PLAN

This article reports on the quantitative and qualitative evaluation of A Preventive Curriculum for Anorexia Nervosa and Bulimia (Carney and Veilleux, 1986) which was published by BANA-Can/Am utilizing a grant from the Health Promotion Contribution Program of Health and Welfare Canada. The writing and evaluation consisted of three phases:

Phase I, identification and delineation of an outline for the curriculum, and a model and method for evaluation of the curriculum;

Phase II, the review of the first draft by selected target groups such as the funding agency, health professionals, teachers and consultants; followed by a second draft to be used in the formal evaluation; and

Phase III, which consisted of the actual pilot testing along with the qualitative and quantitative evaluation. The task force joining evaluators (researchers and health professionals) and practitioners (the author, teachers, and students) serves as a model for research and development of A Preventive Curriculum for Anorexia Nervosa and Bulimia, and effective evaluation and policy research of the curriculum.

EVALUATION OF AN EATING DISORDER LESSON PLAN

by
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The Bulimia Anorexia Nervosa Association - Canadian/American (BANA-Can/Am) was formed in 1983 by parents, professionals and patients in Southwestern Ontario who were concerned about the epidemic spread of eating disorders. BANA-Can/Am is not a treatment center but rather a primary and secondary preventive education centre which provides the following services:

1. BANA hot-line number ((519) 253-7421) providing information and counselling.
2. Self-help groups for patients and support groups for parents and spouses.
3. Seminars and workshops on intervention techniques and life-style stress management.
4. Change Agent Research (CAR) related to eating disorders.
5. A references library of print and audio-visual materials.
6. A Speaker's Bureau.

The latter two services (Speaker's Bureau and Reference Library) have been heavily used by the primary and secondary schools in Southwestern Ontario. Primary and secondary students, teachers, and guidance staff frequently use the reference library in preparing for class presentations, and by 1984, the number of requests for presentations by the speaker's bureau had risen to sixty per year and demand far exceeded the supply of qualified speakers. Further, it was impossible to give a comprehensive overview of eating disorders in 50 or at best 75 minutes, or in a situation

where the BANA-Can/Am speakers were asked to complete a student seminar by answering questions from the class. Several other things became obvious:

(1) a keen interest among students and teachers

(2) an inadequate instruction on prevention, and

(3) the lack of a comprehensive curriculum for teachers.

It is for these reasons that BANA-Can/Am decided that the development of A Preventive Curriculum for Anorexia Nervosa and Bulimia should be one of the first priorities.

In 1984, BANA-Can/Am applied to the Ontario Health Promotion Directorate of Health and Welfare Canada and was successful in securing a Health Promotion Contribution Grant of $45,000 for, among other things, the development in French and English of a lesson plan.

The development of "A Preventive Curriculum for Anorexia Nervosa and Bulimia," took part in three phases:

Phase I: 5 months

Cooperation of the city and county Separate (Roman Catholic) and Public School Boards were secured and preliminary discussions were held with the teachers and guidance counsellors throughout Southwestern Ontario. Based on this interaction, it was decided that the curriculum would be activity-orientated with a goal of increasing knowledge and changing attitudes toward socio-cultural pressures related to eating disorders, since this was a primary need if prevention were to be achieved. Discussion groups, skits, cases, and self-inventories were focal to the curriculum. It was agreed that the curriculum, in addition to providing an informational overview for the

teacher would include four sections of materials:

(1) "Diet and Eating Disorders": Five lesson units for girls' physical and health education or family studies grades 9-11;

(2) "Male Concerns with Eating Disorders": one lesson unit for boys' physical and health education grades 9-11;

(3) "The Socio-cultural Background of Anorexia Nervosa and Bulimia in North America" : five lesson units for sociology, grades 9-12; and

(4) "Socio-cultural Influences which Promote Eating Disorders - and How to Forestall Them": five lesson units, grades 7-8.

Master sheets for overhead transparencies or handouts, referring to the above section, and an annotated list of books, lesson plans, and audio-visual resources recommended for teachers were to be included.

During Phase I the lesson plans were written and word processed. The final step was to print up twenty copies of the first draft for initial review.

Phase II: 4 months

Phase II started with the distribution of the first draft for proof-reading and review by the individuals and groups listed below:
Director, Eating Disorder Clinic Incorporated, Toronto;
Consultant in Family Studies, Ontario Ministry of Education;
Consultant in Physical and Health Education, Ontario Ministry of Education;
Coordinator, Eating Disorder Clinic, Victoria Hospital, London, Ontario;
Education Coordinator, Canadian Mental Health Association, Sarnia/Lambton;
Nutritionist, Windsor/Essex County District Health Unit;
Consultant, Ontario Health Promotion Directorate of Health and Welfare;
An elementary school teacher and two high school teachers from Southwestern Ontario; and members of the Board of Directors of BANA-Can/Am and the Canadian American Eating Disorder Association.

Concomitantly, the chairman of BANA-Can/Am, acting as research manager, assembled a task force to direct the pilot testing and formal evaluation of the lesson plans in the schools of Southwestern Ontario. After consultation with the Health Care Research Unit of the University of Toronto, it was agreed that a modified Solomon Four-Group experimental design would be employed. This consisted of pre- and post- test for a sample of the experimental group who were exposed to the lesson plan, a post test only to the remainder of the experimental group who had been exposed to the lesson plans, along with pre- and/or post- tests to control groups who had not been exposed to the lesson plans. (Campbell and Stanley, 1966:34). This design protects for internal validity by controlling for the effects of history, maturation, testing, instrumentation, regression, selection, mortality, and interaction of test and treatment. The task force evaluation team included a Ph.D. candidate specializing in psychometrics, who was responsible for the quantitative analysis and a BANA staff member with expertise in communication studies, who was responsible for the qualitative analysis through Semi-Directed Focused Interviews.

School board officials from Windsor and Essex County public and separate school systems were contacted and responded with a list of approximately twenty schools who had indicated their willingness to be involved in the pilot testing of the lesson plan. Twelve elementary schools and eight high schools were selected based on a criteria assuring partial representation of city and county schools, separate (Roman Catholic) and public, elementary and high school, and the various sections within the curriculum (girls' physical and health education, family studies, boys' physical health and education, high school sociology, and elementary school classes on socio-cultural influences promoting or forestalling eating disorders).

The expectation was that two teachers would be involved in most of the high schools, one from physical education, one from sociology, and that the elementary school program would be taught by the classroom teacher.

In high schools the teachers were interviewed directly, while in most elementary schools the principal was interviewed and he/she passed the curriculum to a suitable teacher. In one of the high schools, an arrangement was made for the author to teach some units herself. Subsequently, four elementary school teachers and two high school teachers dropped out due to time pressures and/or scheduling difficulties. On the other hand, in one high school, the curriculum was being used by several teachers, although only one was officially involved in the pilot testing and evaluation. In another case, a physical education teacher asked for a copy of the curriculum after seeing it on a colleague's desk. Table 1 provides demographic review of the eight elementary or primary schools and the six secondary or high schools involved in the pilot testing and formal evaluation.

Throughout Phase II, as the evaluation research manager completed arrangements for the pilot testing and finalizing details of the model and method for the formal evaluation, the principal author was engaged in developing a second draft based on feedback received from the initial review by the Ontario Health Promotion Directorate and the other referees listed above. A number of significant improvements were incorporated in the second draft; however, in general, the reviews of the print curriculum were quite positive. Initially, it had been planned to develop and pilot test videotapes which would be used in cooperation with the lesson plan. Two videos were developed in the summer of 1985; however, the referees of the Health Promotion Directorate were negative regarding one and doubtful

Table 1

DEMOGRAPHICS OF ELEMENTARY SCHOOLS

A. School Name	B. School Board	C. Grade	D. # Classes	E. # Students	F. Sex	G. Academic	H. Family Income	I. Lessons Taught
Christ the King (CTK)	Separate	8	1	22	7 girls/ 15 boys	Average	Average - Above Average	11 x 35 min.
Glenwood	Public	7 & 8	2	80	40 boys/ 40 girls	Average Above Average	Average to Upper Income	3 x 35 min.
Hetherington (HET)	Public	8	2	70	35 boys/ 35 girls	Average	Middle Income	8 x 35 min.
Maplewood (MAP)	Public	6	3	76	40 boys/ 36 girls	Learning Disabled - Average	Middle Income	10 x 40 min.
McManus (McM)	Separate	6	1	28	17 boys/ 11 girls	Above Average	Below - Average	15 x 35 min.
Prince Andrew (PRA)	Public	7	1	31	16 boys/ 15 girls	Above Average	Middle - Upper	10 x 35 min.
St. Francis (StF)	Separate	8	1	22	9 boys/ 13 girls	Average - Above	Middle	6 x 35 min.
H.D. Taylor (HDT)	Public	8	2	70	35 boys/ 35 girls	Average - Above	Below - Average	13 x 35 min.

DEMOGRAPHICS OF HIGH SCHOOLS

A. School Name	B. School Board	C. Grade	D. Sex	E. Subject	F. Income	G. Nationality
Assumption	Separate	10	Girls	Health	Mid to Upper	Ethnic
Brennan	Separate	9 (10 + 11)	90% Female	Family Studies	Middle Income	Ethnic
Centennial	Public	9 (10 - 12)	Female	Family Studies	Below to Middle	Canadian
Kingsville	Public	9	Girls	Health	Mid-Upper	Canadian
Massey	Public	10	Girls	Health	Mid-Upper	Canadian
McGregor	Public	9	90% Female	Family Studies	Middle	Canadian

regarding the other. Their judgment was validated by the majority of teachers during the pilot testing and therefore it was decided to drop this part of the project. Every effort was made to find appropriate films and video which might be available from public libraries, health units, and school boards, and these resources were listed along with books and lesson plans, at the end of the curriculum.

As the second draft of the English curriculum was completed, work was started on the French translation so that it could be circulated for initial review.

Phase III: 7 months

The third phase of this project included the pilot testing and evaluation of the lesson plan. Each school involved received, in addition to the lesson plans, a kit consisting of teacher's instructions and evaluation forms, student's evaluation forms and the Eating Disorder Inventory (EDI) (Garner & Olmstead, 1984). Pre- and post-test questions for each of the four sections of the curriculum were contained within the actual lesson plan.

A Preventive Curriculum for Anorexia Nervosa and Bulimia (Carney, 1986) was evaluated by a task force including both evaluators/researchers working with practitioners (teachers and students). Quantitative analysis included pre- and post-tests while qualitative analysis consisted of Semi-Directed Focused Interviews and written opinions and comments with teachers and students involved in the pilot testing.

QUANTITATIVE CURRICULUM EVALUATION

Quantitative evaluation of the curriculum is based on analysis of two types of tests, namely (1) tests to assess knowledge and attitudes, and (2) Eating Disorders Inventories (EDI - Garner and Olmstead, 1984) which assesses behavior and habits. The knowledge and attitude tests were developed and based on the specific curriculi so there was one for each of "Socio-cultural Influences", "Diet and Eating Disorders", and "Socio-cultural Background". For the knowledge and attitude test, total scores as well as scores for each of knowledge and attitude were calculated and analyzed. The Eating Disorder Inventory was calculated for all eight subscales as well as a summary score for the sub-scales.

Descriptive Analyses-Curriculum

A total of 315 subjects took the pre-test curriculum questionnaire, while 362 subjects took the post-test curriculum questionnaire (see Table 2 for a frequency list). All subjects were assured of anonymity.

The majority of subjects tested were from schools located in the city (73%). In addition, 69% of the subjects were female while 84% of the teachers teaching the curriculum were also female.

Approximately 61% of the subjects were from public schools, while 39% were from the separate school board. Sixty-one percent of the subjects tested were in elementary school, while 39% were from high school.

Approximately 43% of subjects received pre- and post-testing on the curriculum "Socio-cultural Influences", 49% were tested on "Diet and Eating Disorders", and 8% received testing on "Socio-cultural Background". It should be noted that the latter subjects only received post-testing due to a misunderstanding by the teacher involved with that group.

Table 2

CURRICULUM QUESTIONNAIRE

DEMOGRAPHIC DATA

	FREQUENCY	
SEX		
Males	182	31%
Females	411	69%
Not Reported	84	
GRADE		
6	121	
7	72	
8	272	
9	91	
10	112	
11	37	
General Learning Disabled	22	
SCHOOL TYPE		
Separate	151	39%
Public	526	61%
LOCALITY		
City	492	73%
County	185	27%
NUMBER OF STUDENTS TAUGHT BY MALE OR FEMALE TEACHERS		
Male	106	16%
Female	571	84%
TEST FORM		
SOCIO-CULTURAL INFLUENCES	293	43%
DIET AND EATING DISORDERS	332	49%
SOCIO-CULTURAL BACKGROUND	52	8%
GRADE LEVEL		
Elementary	415	61%
High School	262	39%

A total of ten schools received testing on the curriculum. Several other schools were scheduled to administer the curriculum as well, but for various reasons unrelated to the curriculum, were not able to complete testing.

Approximately 91% of those tested received pre- and post-testing on the curriculum, while approximately 9% of the subjects received pre- and post-curriculum testing, without actually receiving the curriculum. This latter group served as a control. However, this group received only the "Socio-cultural Influences" questionnaire, and thus can only be considered a control for that particular curriculum. The other two curriculums did not have a comparison/control group.

Statistical Analyses-Curriculum

Preliminary analyses were undertaken to determine whether the implementation of the curriculum resulted in an overall increase in knowledge and improved attitudes toward eating disorders.

Before the start of each curriculum students were asked to complete a questionnaire relating to eating disorders. Each test had two subscale scores-Attitude and Knowledge.

Overall Questionnaire Scores

A paired comparison T-test was performed on subjects' total questionnaire score in order to determine whether the curriculum had a global effect on attitudes and knowledge.

As listed in Table 3.1, there was a significant increase in subjects' overall scores indicating an increase in knowledge from pre- to post-testing for both the "Socio-cultural Influences" curriculum and the "Diet and Eating Disorders" curriculum. No subjects received pre/post testing on the "Socio-cultural Background" curriculum, thus it was impossible to perform a comparison on this group.

TABLE 3

CURRICULUM QUESTIONNAIRE
QUANTITATIVE ANALYSIS RESULTS

3.1 PRE/POST COMPARISONS (T TESTS) ON OVERALL CURRICULUM QUESTIONNAIRE SCORES

Test Form	Mean	T Value	Prob Value
Socio-cultural Influences	1.1	2.74	0.007**
Diet and Eating Disorders	2.02	4.55	0.0001**
Socio-cultural Background Received Post Testing Only			

**Control Group Testing On Sociocultural Influences Revealled No Significance.

3.2 PRE/POST COMPARISON (T TESTS) ON KNOWLEDGE ITEMS ON CURRICULUM QUESTIONNAIRE

Test Form	Mean	T Value	Prob Value
Socio-cultural Influences	0.2	0.73	NS
Diet and Eating Disorders	2.12	4.28	0.0001**
Socio-cultural Background Received Post Testing Only			
Control Group (Soc Infl)	-4.8	-9.42	.0001**

3.3 PRE/POST COMPARISON (T TESTS) ON ATTITUDE ITEMS ON CURRICULUM QUESTIONNAIRE

Test Form	Mean	T Value	Prob Value
Socio-cultural Influences	0.88	3.23	0.0015**
Diet and Eating Disorders	-0.1	-0.4	NS
Socio-cultural Background Received Post Testing Only			
Control Group (Soc Inf)	-2.5	-4.48	.0002**

It is interesting to note that the control group (which only received the questionnaires, but not the curriculum) demonstrated no significant change from pre- to post-testing.

Knowledge Questionnaire Subscale Scores

A paired comparison T-test was performed on subjects' knowledge subscale scores in order to determine whether the curriculum had an effect on an individual's understanding of the various parameters of eating disorders.

As listed in Table 3.2, there was a signifieant increase in subjects' knowledge scores (suggestive of increased knowledge) from pre- to post-testing for the "Diet and Eating Disorders" curriculum. Analysis of the "Socio-cultural Influences" knowledge subscale did not reveal a significant increase in knowledge from pre- to post- testing.

It is interesting to note that the control group demonstrated a significant decrease in questionnaire scores from pre- to post-testing. This indicates that the control group's knowledge of eating disorders (as measured by this subscale) actually went down by the time "post" testing took place.

Attitude Questionnaire Subscale Scores

A paired comparison T-test was performed on subjects' attitude subscale scores in order to determine whether the curriculum had an effect on an individual's beliefs about various aspects of eating disorders.

As listed in Table 3.3, there was a significant increase in subjects' attitude scores from pre- to post-testing (suggestive of increased positive attitudes toward eating disorders) for the "Socio-cultural Influences" curriculum. Analysis of the "Diet and Eating Disorders" attitude subscale however, did not reveal a significant increase in attitudes from pre- to post-

testing.

The control group once again demonstrated a significant effect on the questionnaire. These analyses revealed a decrease in questionnaire scores from pre- to post-testing. This indicates that the control group's attitudes of eating disorders (as measured by this scale) actually worsened by the time "post" testing took place without the benefit of actually taking the curriculum.

QUALITATIVE CURRICULUM EVALUATION

The hard data qualitative analysis was augmented by an equally valuable qualitative analysis which consisted of verbal and written comments from teachers and students. As each teacher finished teaching their portion of the curriculum, an interviewer met with them for an hour or so to conduct a Semi-Directed Focused Interview (SDFI) which was recorded on audio-tape. Teachers were provided with an opportunity to indicate how they approached the new material, special circumstances that they encountered, and their general impressions. The questions focused on specific activities included in the various units such as discussions, Cherry Boone's story, advertising, giving compliments, skits, and overall suggestions and comments. Students were provided with an opportunity through open ended written evaluation forms to indicate 'likes and dislikes', comments and suggestions.

The majority of teachers and students involved in the pilot test indicated they benefited greatly from the lesson plans. Students provided some of the most meaningful input in terms of preparation of the final draft. Some of the principal changes included:

1. Warnings stressing the danger of eating disorders, particularly bulimia, are inserted in the introduction and at appropriate points in the text.

2. Guidelines for intervention techniques and coping strategies were inserted in the introduction for teachers.

3. Discussion of what a student should do if he/she suspects that a friend has an eating disorder was inserted in all three main sections and the suggestion to go to the social service section of the "yellow pages" was added.

4. The suggestion that teachers invite a guest speaker to talk to the students, someone with personal experience of eating disorders who would make the problem seem more real and relevant, was inserted in the introduction and at relevant points in the text.

5. The unit comparing popular diets was simplified and converted from U.S. to Canadian standards. A short paragraph on the philosophy of each diet was added.

6. An age, height and weight chart for boys was added to the master sheet.

7. More detail was added to the text for the sociology section, to replace the suggestion for discussion which had been in the script of the T.V. tape.

8. Three case studies, written in the first person, were added to the handouts for the sociology section. These could be used for any section, the idea being to add more human interest to the material for teaching causes, signs, symptoms and characteristics, and therapies for eating disorders. One of the cases is the story of a young man, included to engage the interest of boys.

9. The commentary on advertising in the section for grades 7 and 8 was expanded, to give teachers more guidance.

10. The list of resources was greatly expanded to include books for teenagers, reference books for teachers, lesson plans, and suitable audio-visual aids.
11. Teachers were encouraged to use the pre- and post- knowledge and attitude test to measure gains and also to assign marks for the unit.
12. The section on compliments was extended as it was a real "ego booster". Everyone enjoys hearing something nice about themselves and young people today evidently are not good at giving or receiving compliments naturally.
13. An accompanying brochure "Hospital Tutoring for the Anorexic or Bulimic Student" was developed for teachers who must assist students hospitalized with eating disorders.
14. Realistic facts on dental difficulties and health problems which can accompany eating disorders were retained despite concern from the funding agencies that they might be too graphic.
15. Changes were added suggesting that with early detection and treatment, recovery can be complete. There is life after eating disorders!

Teachers and students thought the classes were interesting, educational and fun. They became aware of an important health issue and learned how to recognize the signs, symptoms and characteristics of eating disorders, how to go about intervention to obtain treatment and/or develop alternate coping techniques.

The final step in Phase III was to write the final draft of A Preventive Curriculum for Anorexia Nervosa and Bulimia, complete translation to French and secure publication by the University of Windsor Press. The University

of Windsor Press published the curriculum and it went on sale on July 1st, 1986.

The various sections were colour coded as a result of a suggestion by one of the teachers involved in the pilot testing. Four illustrations by Sam Sisko, a BANA volunteer, were used to make the presentation more attractive. It was decided that the commercially marketed "Finder Binder" could be used to hold the materials. The velcro fastening on this binder is a useful feature, and it contains file dividers to separate the different sections and envelopes to hold the master sheets for overhead transparencies and handouts.

SUMMARY

The development and evaluation of A Preventive Curriculum for Anorexia Nervosa and Bulimia consisted of three phases as outlined in Table 4.

Phase I: Identification and delineation of an outline for the curriculum and a model and method for evaluation. This phase culminated in development of the first draft.

Phase II: The first draft was reviewed by a selected target group such as the funding agency, professional health educators, teachers, and consultants. Based on this feedback, the second draft was developed. Concomitantly, the evaluation research manager assembled his task force team and secured commitment from the school boards and teachers for the final program of pilot testing, and evaluation.

Phase III consisted of the pilot testing and the quantitative and qualitative evaluation of the lesson plans. This was followed by the writing of the final draft of the lesson plans, completion of translation to French and

Table 4

PHASE	PURPOSE	PROGRAM	PLACE	PEOPLE
I = 5 months	Develop BANA Preventive Curriculum for Anorexia Nervosa and Bulimia (English and French) Initial Professional Evaluation	Action oriented for - Physical & Health Education - Family Studies - Social Studies - Guidance	School - Public and Separate - City and County - Primary and Secondary	Board of Education Director & Supervisors Principals Teachers Evaluation Task Force - Research Manager - Qualitative & Quantitative - Research Associates
II = 4 months	Review and Revise based on Change Agent Research (CAR)	Modified Solomon Design O XLP O XLP O O XLP O O	Windsor & Essex County U. of Toronto Health Care Research Unit & Ministry of Education	Funding agency HPCP Health Professionals Curriculum Consultants CMH Education Coordinator Nutritionist Elementary and Secondary School Classroom Teachers Author teaching classes herself
III = 7 months	Formal Evaluation and Final Edition	Knowledge Attitudes Behaviour (EDI)	8 Elementary and 6 High Schools	Teachers/students plus Evaluation Researchers

publication and distribution.

Without the extensive qualitative and quantitative analysis utilizing the task force expertise of both the evaluators/researchers and the practitioners (teachers/students) the final addition of A Preventive Curriculum for Anorexia Nervosa and Bulimia could not have been as successful as it has been.

As a footnote it should be added that plans are currently underway for a follow-up evaluation to assess the efficacy of this curriculum in the various occasions and settings that is currently being employed.

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